



Appendix B: Monthly Workplace Inspection Report

Inspection Location: _____ Date of Inspection _____

Department/Areas Covered: _____ Time of Inspection: _____

Observations					For Future Follow-up		
Item and Location	Hazard(s) Observed	Repeat Item Y / N	Priority A/B/C	Recommended Action	Responsible Person	Action Taken	Date

Copies to (for action): _____

Inspected by: _____

Copies to (for information): _____

Legend for Hazard Classification

- A= Critical – Immediate Action
- B= Urgent – action within 24-72 Hours
- C= Serious – Action within 5 days